
ICAA Strategy Session 2005

Motivation and Reward Systems That Encourage Activity

Post-event Summary Report

Submitted to the Policy Committee of the 2005
White House Conference on Aging on October 1, 2005



An annual think tank convened by International Council on Active Aging
An independent aging agenda event of the 2005 White House Conference on Aging

International
Council on
Active Aging



ICAA Strategy Session 2005

Post-Event Summary Report

Name of Event: Motivation and Reward Systems That Encourage Activity

Date of Event: September 27, 2005

Location of Event: Washington, DC

Number of Attendees: 48, representing federal and county governments, non-governmental agencies, academia, seniors community centers, seniors housing, corporate fitness and rehabilitation

Sponsoring Organization: International Council on Active Aging

Contact Name: Colin Milner

Telephone Number: (866) 335-9777 or (604) 734-4466

Email: colinmilner@icaa.cc

WHCoA Agenda Areas: Health Promotion and Disease Prevention
Transition from a Disease Care System to a Health Care System
Chronic Disease Management
Leisure Activities

Participating Organizations: Active for Life National Program, Administration on Aging, American Medical Directors Association, American Occupational Therapy Association, American Retirement Corporation, American University, Classic Residence by Hyatt, Corporate Fitness Works, County of Baltimore, Fairhaven Inc., Harris Health Trends, Health Fitness Corporation, HealthCare Dimensions, Holiday Retirement Corporation, Humana, ICAA, International City/County Management Assoc., Kisco Senior Living, L & T Health & Fitness, Leisure Care, Life Fitness, Merrill Gardens, Miracles Fitness, Montague Eippert & Associates, National Institute on Aging, President's Council on Physical Fitness, Rehab Works, Seniors Unlimited, Sundance Rehabilitation Corporation, The Erickson Foundation, The Fountains, The Kendal Corporation, The National Council on the Aging, United Health Care, University of Illinois at Urbana

Priority Issue #1:

Increase physical activity and healthy lifestyles among adults ages 50 years and older to control escalating health care costs and improve quality of life. The recommendation is 30 minutes of moderate activity most days of the week.

With the increase in the number of older adults living longer, the health care system is likely to be overwhelmed unless preventative measures are taken. The direct medical cost of physical inactivity was nearly \$76.6 billion in 2000, according to the Centers for Disease Control. U.S. health care cost is forecasted to grow to \$2.8 trillion (or \$9,216 per person) by 2011 (The National Health Statistics Group, Centers for Medicare and Medicaid Services). Inactive adults have significantly higher direct medical costs than active adults (Centers for Disease Control and Merck Institute of Aging & Health).

Barriers:

- Lack of knowledge of policymakers and funders in government and private business about the proven ability of physical activity and exercise to prevent or manage chronic disease and prevent functional limitations, which in turn lowers health care costs.
- Lack of initiatives by governments and private business to prioritize physical activity as a solution to rising health care costs and improved quality of life among seniors.
- Strong advocacy and lobbying efforts by the pharmaceutical industry for use of medications to manage disease.
- Limited and weak advocacy and lobbying efforts for physical activity to manage disease and functional limitations.
- Lack of coordination and integration of activity programs and research that are already available.
- Limited number of people who are qualified and trained to deliver exercise and recreation programs for older adults.

Solutions:

- Follow the 18 strategies in The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older.
- Educate federal, state and local government officials on the cost-saving potential of physical activity programs.
- Recommend legislation and policies that will allocate funds to support physical activity and recreation programs.
- Structure Medicare benefits to include low-cost access to fitness centers and physical activity programs.
- Encourage commercial health plans to lower costs or offer rebates for insured plan members who demonstrate participation in physical activity and exercise programs.
- Provide government incentives or subsidies for participation in wellness programs offered by private or community centers.

- Fund and publicize model programs that are successful in attracting older adults, such as the Silver Sneakers community-based exercise program that is funded by managed care insurance organizations and provided free to Medicare-eligible health plan members.
- Offer tax incentives to companies that implement workforce wellness programs, with financial incentives increasing according to employee participation.
- Provide tax incentives to health clubs, wellness programs, personal training businesses and recreation programs that create programs specific to adults over 50 years old in community settings.
- Build coalitions and collaboration among organizations that already have successful programs to showcase models of good practice and health care cost savings.
- Provide scholarships and tuition reimbursement for fitness/wellness instructors taking geriatric courses or certificates in exercise for older adults.
- Fund gerontology programs that include application to exercise.

Priority Issue #2:

Educate physicians and health care professionals on methods to prescribe exercise to prevent and control chronic disease, and provide appropriate reimbursement and recognition for doing so.

Care for people with chronic diseases accounted for more than 75% of the \$1.4 trillion medical care costs in the U.S., according to the Centers for Disease Control, which notes that “engaging in regular physical activity is associated with taking less medication and having fewer hospitalizations and physician visits.” Physicians, nurse practitioners and other health care professionals are powerful influencers of physical activity. Patients are more likely to adopt healthier lifestyle behaviors when advised to do so by medical professionals.

Barriers:

- Physicians’ lack of knowledge of evidence-based exercise programs.
- Physician training that emphasizes medications rather than physical activity and nutrition.
- Lack of access to tools that guide the exercise prescription.
- Counseling in physical activity is not reimbursed by private or public insurance.

Solutions:

- Work with the American Medical Association to create billing codes for physicians to make reimbursement available for group sessions, individual counseling and wellness classes produced by the physician.

- Provide medical staff with easy-to use tools to use when discussing and recommending exercise (examples available from American Medical Directors Association and Academy of Family Physicians; and PACE [Physician-based Assessment & Counseling for Exercise]).
- Develop programs that train primary and allied health care workers on how to coach adherence to physical activity participation over multiyear periods.
- Publicize and encourage tracking of patient physical activity and health outcomes to build evidence of best practice programs.
- Provide scholarships or reimburse costs for midlevel training and required classes in nursing, medical schools and allied health professions on gerontology, physical activity and exercise.
- Increase reciprocity between community-based organizations and physicians/health care providers. Physicians can refer patients to specific programs, and program managers can refer to the physician/health care provider.

Priority Issue #3:

Encourage older adults to take charge of their health and improve their quality of life through physical activity, exercise, healthy eating and positive mental health.

The 2005 National Public Health Week Survey found that 78% of Americans ages 55 years and older understand that diet and exercise are important in determining how healthy they will be as they age. Yet, only 40% exercise regularly.

Barriers:

- Fear of injury.
- Lack of motivation; apathy.
- Lack of knowledge of the benefits of physical activity and exercise for improving health and limiting need for medications.
- Negative attitudes toward physical activity and exercise.
- Media images and advertising that promotes negative images of aging and perception of weak, frail seniors.
- Social isolation.
- Medical conditions that appear to prevent participation.
- Lack of availability and access to physical activity, recreation and exercise programs.
- Lack of support and encouragement from health care system, family and friends.
- Lack of experience with exercise.

Solutions:

- Reduce supplemental insurance costs (Medicare and private insurers) for adults 50 years and older who prove participation in physical activity and exercise programs.
- Extend the provisions for tax deductions for physician-prescribed exercise programs for health conditions, e.g., hypertension, diabetes, heart disease, obesity (Department of the Treasury, Rev. Ruling 2002-19, qualified medical expense) to include fitness center and personal training sessions when attendance can be proven.
- Build physical activity programs into current funding streams for community and senior centers and other organizations partially or fully funded by government to make physical activity programs part of their missions and program offerings.
- Develop programs to recruit and train peer mentors: older adults who telephone other adults with similar medical histories to encourage physical activity.
- Educate family members and friends about the importance of physical activity and healthy eating for successful aging.
- Lobby city and county planning departments and private real estate developers to design neighborhoods and “built” environments that encourage walking and recreation with sidewalks, traffic lights, close proximity to businesses and services, and other features that have been identified.
- Provide multiple options for becoming more active, including individual and group programs with lifestyle and exercise options.
- Segment media messages and activity programs to serve the needs of older adults across functional levels, age ranges and cultural perspectives. Develop programs that are responsive to the cognitive, cultural and functional needs of various cultures.
- Fund a national public service program to emphasize that older adults can participate in physical activity, featuring positive images of aging.
- Develop and publicize programs that emphasize the enjoyment and benefits of physical activity for older adults.
- Identify recruitment strategies that are successful in attracting older adults to programs and retaining their interest and participation.
- Work with existing community and senior centers to educate staff about the relationship between activity and quality of life, and provide resources (e.g., dietitian, occupational therapist, physical therapist, fitness instructors, personal trainers) so that centers can adequately provide physical activity programs.
- Define clear markers of success that can be used by community centers, fitness centers, retirement housing and other organizations to show outcomes and evaluate success.